

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



August 14, 1992

<u>Reason for this Transmittal</u>	
<input type="checkbox"/>	State Law Change
<input type="checkbox"/>	Federal Law Change
<input checked="" type="checkbox"/>	Court Order or Settlement Agreement
<input type="checkbox"/>	Clarification Requested by One or More Counties
<input type="checkbox"/>	Initiated by SDSS

ALL COUNTY LETTER NO. 92-73

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY GAIN COORDINATORSSUBJECT: REVISED NOTICE OF ACTION (NOA) MESSAGES FOR GREATER
AVENUES FOR INDEPENDENCE (GAIN) SUPPORTIVE SERVICES

REFERENCES: ALL COUNTY LETTER (ACL) NO. 90-102

The purpose of this letter is to transmit revised instructions and language for GAIN supportive services NOA messages. These revised NOA messages and instructions supersede the guidelines provided in ACL NO. 90-102.

The enclosed GAIN supportive services NOA messages are a result of a provision in the Windley consent decree that established a one-time evaluation and revision process for the GAIN supportive services NOA messages. The statewide evaluation and revision process included a field test period for the NOA messages and input from the counties, GAIN participants and plaintiffs' attorneys. The revisions made improve the readability of the NOA messages; shorten the length of the messages; and reduce the overall number of NOAs.

Effective immediately, counties are required to use the NOA messages and GAIN 50 enclosed with this letter. If you have questions regarding this letter, please contact your Employment Operations Analyst at (916) 657-3403.

MICHAEL C. GENEST
Deputy Director
Welfare Programs DivisionEnclosures
cc: CWDA

SUPPORTIVE SERVICES
NOTICES OF ACTION (NOAS)

Enclosure

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**SUPPORTIVE SERVICES NOAs
PROCEDURAL GUIDELINES**

I. General Requirements

Counties must use the revised NOAs and procedural guidelines enclosed with this letter. Copies of the supportive services NOAs should be retained in the clients' case file. All NOAs must be mailed or given to the client in duplicate.

II. County Determinations Which Require NOAs

County determinations which result in an approval, denial, termination, increase, or decrease in supportive services require notification in the form of a NOA. (See Section V for exceptions.)

III. NOA Issuance Guidelines

The revised guidelines and timeframes for the GAIN supportive services NOAs contained in this letter are based on negotiations with Legal Services of Northern California (LSNC), results of the statewide field test of the NOA system, and on the regulations specified in the Manual of Policies and Procedures (MPP) Section 42-750.8 and Divisions 10 and 22. These provisions: (1) specify county actions and determinations which require issuance of NOA messages; (2) provide that clients may request a state hearing to resolve any disagreement the client has with a county's action; (3) define adequate notice and describe the situations which require adequate notice; and (4) define timely notice and describe situations which require timeliness in addition to adequacy.

An adequate notice must inform the client in writing about: (1) what action the county plans to take; (2) why the action is being taken; (3) which regulations support the action; (4) how the client can request a state hearing; and (5) under which circumstances supportive services will continue pending the hearing decision. The adequacy requirements apply to all NOAs.

Additionally, some county actions require both adequate and timely notice. Timeliness requirements are discussed in detail in Section III A. In general, "timely" means that a county must mail a written notice to the person affected at least ten days before the effective date of the action. Timely NOAs are required when the action to be taken results in a decrease or termination of supportive services or in a change in the method of payments. The changes that require NOAs can be initiated by state or county policy or by a client's or provider's change in circumstances (e.g., less commute time, reduced fees, etc.).

When the county is informed of or discovers the change after the fact, and the change requires a timely NOA, the effective date of the NOA will not be the date the client or provider made the change. The effective date of the NOA is at least ten days after the date the county issued the NOA. The county cannot backdate the effective date of the NOA to coincide with the client's or the provider's change. Until the effective date of the NOA is reached, the county is required to pay up to the prior authorized maximum, after reconciling receipts and invoices received. In most cases, the amounts claimed will probably be consistent with the change that the client or the provider initiated.

Finally, some NOAs are issued at the same time that payments for supportive services are made. The adequacy standards also apply to these NOAs.

A. Actions Which Require Timely Notice

As defined in MPP Section 22-001(t)(1), a timely notice is one sent at least ten calendar days prior to the effective date of the action. This means that the county has given the client a notice about the county's intended action at least ten days before the action occurs. If the client disagrees with the county's action, he/she can file for a state hearing. Payment of supportive services while a client is waiting for a hearing decision is discussed in Section VI.

The following actions on supportive services authorizations require timely notice:

1. Decreases in the maximum authorization for supportive services which are caused by: (a) changes in State regulations, (b) changes in county policy, (c) changes the provider initiates, or (d) changes the client initiates (see M42-750C and M42-750G).

Example: A client in a Self-Initiated Program (SIP) is approved for six hours of day care for each day she is required to attend her SIP. Six hours are needed to allow for commuting to child care on public transportation because the client's car needs repairs. The Child Care Approval and Transportation Approval NOAs (M42-750B and M42-750F) are effective from September 1 until December 31. On October 15, the client informs the county that her car has been repaired, that she is now

driving the car instead of taking public transportation, and that she now needs only five hours of day care. The client states she has been driving the car since October 8. This client-initiated change requires the county to issue two new supportive services NOAs: (1) an M42-750C to decrease the level of child care payments; and (2) an M42-750G to change the transportation method from bus passes to mileage payments at the public transportation rate.

Even though the client, not the county, initiated this action; the county must still issue a timely M42-750C to decrease the client's maximum child care payment level. The county must calculate the ten-day timely notice period to determine the effective date of the NOA. To calculate the ten-day period, the county must skip the day the NOA is mailed; start counting on the day after the mailing; count ten calendar days; and enter the day after the tenth calendar day as the effective date on the NOA. If the effective date falls on a holiday or weekend, then the effective date must be extended to the next day which is not a holiday or weekend. For example, if the mailing date of the NOA is October 16, 1992 the ten-day timely notice period covers October 17 through October 26; and the effective date of the NOA falls on October 27. The M42-750C will state "As of October 27 until January 1," etc. For purposes of completing the Transportation Change NOA (M42-750G), assume the county will reimburse the client's mileage at the public transportation rate. The change in method of payment will not result in a decrease, so timely NOA issuance is not required. Therefore, the effective date of the M42-750G is the same day the client began driving her car. The effective date on the M42-750G is "as of October 8."

2. Termination of services which are caused by: (a) changes in State regulations; (b) changes in County policy; and (c) changes the client initiates (see M42-750E).

Example: On September 3, 1992, a client notifies his GAIN worker that he will be moving out of the State on September 30. On September 30, the client moves. The county must issue a timely M42-750E to stop both child care and transportation payments. The county is responsible for paying the client's supportive services through September 30. The client will not receive any more supportive services payments as of October 1. In order to allow for the ten-day timely notice period, the county must mail the NOA to the client on or before September 18, 1992.

3. Changes in the method of payment which reduce the level of or terminate supportive services (see M42-750C, M42-750E or M42-750G).

Example: A client has been receiving mileage reimbursement, and a new bus service becomes available. The bus service will start on September 4, 1992. The bus service costs less than mileage reimbursement. The county must issue a timely M42-750G before it changes the client's method of transportation payment, thereby initiating a decrease in the maximum transportation rate. The effective date of the M42-750G is September 4, 1992. In order to allow for the ten-day timely notice period, the county must mail the M42-750G to the client on or before August 24, 1992.

B. Actions Which Do Not Require Timely Notice

NOAs for approvals, denials, increases, or payment adjustments need not be timely. However, counties are encouraged to issue these NOAs prior to the effective date of the action if possible. The county must issue NOAs (which need not be timely) for the following actions:

1. Approvals and Denials

Whenever a client requests supportive services, the county must either approve or deny the client's request. The approval and denial NOAs do not require timely issuance.

a. Approvals

Whenever a client plans to change or changes supportive services providers, the county must approve or deny the change request. Refer to the Quick Reference Guide (Enclosure II) to determine the appropriate NOA to issue for each change in supportive services. Usually, the county will learn about the change either: (1) when the client requests it in advance; (2) when the client informs the county after the change has been made; or (3) when a bill for services from a new provider is received and the client did not inform the county.

Child care and transportation approval and change NOAs instruct participants to inform counties before the clients change providers (see M42-750B, C, F and G). Even though the requirement to approve or deny client-initiated changes applies to all supportive services, it is most likely that changes in child care providers will cause the most dual-payment situations. The following discussion regarding approval of client-initiated changes applies to changes in child care providers only.

Whenever the county learns that a client plans to or has changed child care providers, the county must determine: (1) if the new provider meets regulatory criteria, (2) if the change is necessary due to an emergency or exceptional situation, and (3) if the authorized provider's contractual terms require advance notification of cancellation or full payment regardless of advance notification. (See MPP Section 42-750.36.)

If the new provider meets regulatory criteria and the change was due to an emergency or exceptional situation, the county must approve the new provider effective the date services began, even if a payment to the prior authorized provider will also be made for the transitional time period. The county must issue an "Approval of Child Care Change" NOA (M42-750C) to approve the new provider.

Example: A father is receiving child care for his son at a local child care center. The father notices suspicious bruises on his son and makes arrangements with his neighbor for child care beginning May 13. He doesn't inform his GAIN worker until a scheduled appointment on May 26. The GAIN worker gathers necessary background information (see MPP Section 42-750.313); determines hours and payment rates; and on May 26 issues a "Child Care Change" NOA effective May 13.

If the new provider meets regulatory criteria but the change is not due to an emergency or exceptional situation, the county must approve the new provider effective with the end of the prior authorized provider's billing cycle, in order to avoid duplicative payments during the transitional time period. This provision only applies when the prior authorized provider's contractual terms require full payment regardless of advance notification cancellation. The county must issue a "Child Care Change" NOA (M42-750C) to approve the new provider.

b. Denials

Whenever a client requests any supportive services which are unapprovable, as specified in the regulations, the county shall deny the client's request and issue the appropriate NOA (see M42-750D, H, J and K.)

2. Increases

Whenever the State, county, provider, or client initiates a change that results or will result in an increase in the maximum payment level the County must issue the appropriate NOA to the client. If the increase is approved, the appropriate change NOA is issued. If the increase is denied, the appropriate denial NOA is issued.

Also, amounts claimed or advances requested by participants in excess of the authorized maximum are considered requests for an increase in the maximum. If the County determines the increase is not justified, a denial NOA must be issued, and the payment will be limited to the maximum authorized on the prior NOA. This action is considered a denial of the request to increase the maximum. See the Quick Reference Guide (Enclosure II) for appropriate NOA to issue.

3. Payment Adjustment

There will be instances in which the county issues a supportive services payment that is less than the amount claimed but is within the authorized maximum. Typically, these situations will occur when the county reconciles the client's claim with the client's attendance for a GAIN activity. In these situations, the County must issue a "Payment Adjustment" NOA (M42-750L) at the same time the payment is made. Timely issuance is not required.

Example: The participant's child care approval NOA authorizes a maximum payment of \$200 per month. The client incorrectly claimed child care expenses for twenty days at \$200, and only eighteen days at \$180 are justified. A "Payment Adjustment" (M42-750L) NOA must be issued at the same time the \$180 payment is made.

Also, this NOA is used to notify participants when a temporary change in the method of payment for supportive services occurs, but the regular, approved payment method remains the same. "Temporary" means thirty calendar days or less. An example of such a situation would be if the county van was inoperable and clients were paid mileage to drive their cars or given bus passes or subway tokens to take public transportation. Timeliness is not required.

IV. When Termination NOAs Are Not Required

- A. When the length of a supportive services authorization period is one calendar month or less, and the end date is provided in the approval NOA, no further notification regarding the dates payments stop (no termination NOA or reminder) is required. Appropriate NOAs inform the participant that he/she will not receive another NOA (see M42-750B, C, F, G and O).
- B. Termination NOAs are not required for ancillary expenses since they are not ongoing payments.
- C. When the length of a supportive services period is more than one calendar month and the authorized supportive services are expected to end as scheduled, a reminder (instead of a termination NOA) must be provided.

The purpose of the reminder is to restate to the participant that his/her supportive services are scheduled to end and to put in motion the steps for continued participation in GAIN (including supportive services). Reminders may be either phone calls, personal visits, or written notices. When phone calls or personal visits are made to the participants, the contacts must be documented in the case file. If phone calls or personal visits cannot be completed, written reminders must be sent to participants. Written reminders are not NOAs.

Reminders must be given or issued not more than thirty days and not less than ten days before the approved supportive services authorization period is scheduled to end. It is recommended that all written reminders specify the end date of the supportive services affected, and the steps needed to establish the new supportive services authorization.

If, as a result of the reminder, the client requests an extension of the currently approved supportive services period, and the county determines the extension is appropriate, an "Extension of Child Care and/or Transportation" NOA (M42-7500) must be issued to extend the services. If the extension is not justified, the county must issue the appropriate denial NOA to deny the requested extension.

When the request involves a change in, rather than an extension of, the previously authorized supportive services period; the county must issue a change NOA. Since the request will result in an increase or decrease of the previously authorized maximum, the county must issue the appropriate change NOA regarding the requested increase or decrease.

Example: One of the participant's SIP courses will end three weeks after the originally scheduled end date because the teacher was ill. The participant's other courses end as scheduled. The participant only needs child care and transportation for one course, which results in a decrease in the previously authorized supportive services maximum. The county must issue a timely "Child Care Change" NOA (M42-750C) and/or "Transportation Change" NOA (M42-750G) to authorize the requested decrease. If the request is not approvable, the county must issue the appropriate denial NOAs.

V. When No NOAs Are Required

- A. Participants may receive payments for child care and/or transportation in order to attend short-term activities such as Orientation and school field trips. Approval NOAs are not required for one-time, short-term situations such as these. However, if a decision is made to deny these services, a denial NOA must be issued.
- B. Participants may receive payments for child care services by temporary, substitute providers. A typical reason for this provision is the need for short-term care for sick children. Change NOAs to approve the temporary providers are not required for these situations. However, if services are not approved, denial NOAs are required. (As indicated in Section III, B.3, an M42-750L must be issued to the participant if the amount paid to the temporary provider is less than the amount claimed. The M42-750L must also be issued if the temporary care is paid by a different method than the regular care.)
- C. When the supportive services payment is within the authorized maximum and is equal to the amount claimed by the participant or the provider, no NOA is needed.

VI. When a Participant Files For a Hearing Regarding Supportive Services

Whenever a client disagrees with any county action regarding his/her supportive services payments, he/she can request a hearing. The client is not required to participate in GAIN after he/she has filed for a hearing. However, if the client wants to receive supportive services payments while he/she is waiting for a hearing decision, he/she must participate in an approved GAIN activity.

When the county issues a NOA to the participant to decrease, discontinue, deny or pay supportive services in a different manner, the proposed action is in effect pending the hearing decision. An individual who is participating in an approved GAIN activity may receive supportive services while he/she is waiting for a hearing decision as follows:

- A. If the County issues a notice to decrease a participant's supportive services payments, the client will be paid at the decreased amount pending the hearing decision.

- B. If the County issues a notice to change the participant's method of payment for supportive services, the client will receive supportive services payments in the new payment method pending the hearing decision.

VII. Additional Information

A. How Participants Can Request Supportive Services

Both verbal and written requests from participants for supportive services require a NOA to inform each individual of the county's determination regarding his/her request. (See Section V for exceptions.) Receipt of requests must be documented in writing in the case file.

B. Requirement to Make the Case Record and County Policies and Procedures Available to Participants

Counties must make applicable county policies and procedures regarding supportive services available to participants for review. (See MPP Sections 22-051.1 through 22-051.3.). This includes providing written payment information regarding billing cycles, documents needed and where to send invoices to ensure uninterrupted receipt of supportive services.

C. Who Must Issue NOAs

Although counties retain responsibility for authorizing payments, contractors may issue supportive services NOAs. All contractor-prepared NOAs must use the state-prescribed NOA language and format. Additionally, contractors may issue reminder notices.

D. NOA Language and Format

All NOAs must contain the language provided in the attached NOA messages, with limited exceptions to allow for county-specific circumstances such as "fast passes" instead of "bus passes." Such language changes must be submitted to SDSS for review and approval. All NOAs must meet the Turner consent decree format standards. Please refer to ACL 92-45 for additional information regarding implementation of the two-column format requirement. Finally, ACL No. 91-117, Section G, provides additional clarification regarding completion of NOA messages.

E. County Printing Information

Until statewide usage is determined, counties are asked to print their own stock of the NOA forms. Counties printing their own stock may preprint all specific county information on the forms as well as that required by SDSS. It is mandatory that all the applicable standards in the Turner Implementation Plan are adhered to when printing forms. Additional camera-ready copies of the NOA messages can be obtained by calling SDSS Forms Management at (916) 657-1907.

F. Information About State-Translated NOAs

The state-issued NOAs are routinely translated into the languages identified as those most required by GAIN clients statewide: Spanish, Cambodian, Chinese, Lao and Vietnamese.

Translated NOAs are prepared in two formats--as NA forms and as NOA message forms. Translated materials are no longer prepared in the NOA message document format. The translated NOA message forms carry the prefix, "M", and correspond to the English NOA message documents with the same numbers. The translated NA forms correspond to the English NA forms with the same numbers.

Instructions for county use of the translated NOAs are not prepared. Counties are expected to use the instructions provided for the corresponding English NOAs.

Translated NOAs not issued at the same time as the English versions are issued to County Forms Coordinators by means of SDSS Language Services Bureau Letters which are issued approximately at monthly intervals. Each of these letters also issues an updated listing of all current NOAs for each of the standard languages.

Camera-ready copies of the translated NOAs can be ordered from the Language Services Bureau by calling (916) 654-1282.

Counties requiring NOAs translated into languages other than those provided by the SDSS may translate them themselves or have them prepared by an outside source.

**SUPPORTIVE SERVICES NOAs
QUICK REFERENCE GUIDE**

This enclosure includes:

1. A list of supportive services NOAs by title and number,
and
2. A Quick Reference Guide which specifies the appropriate
NOA to issue for GAIN supportive services actions.
Timely issuance requirements are also noted.

Child Care NOAs

<u>NOA Number and Title</u>	<u>Action</u>	<u>Timely</u>
M42-750B Child Care Approval	Approval - To approve child care payments. Usually, this is the first child care NOA a client gets when he/she starts a new activity.	No
M42-750D Child Care Denial	Denial - To deny a request for child care payments.	No
M42-750C Child Care Change	Change (increase) - To increase the maximum level. Also, to approve all or part of a client's request to change to a new provider.	No
M42-750C Child Care Change	Change (decrease) - To decrease the maximum payment level.	Yes
M42-750E Child Care & Transportation Discontinuance	Discontinuance (termination) - To stop child care and/or transportation payments because client is ineligible for supportive services, deregistered or deferred from GAIN.	Yes

Transportation NOAs

<u>NOA Number and Title</u>	<u>Action</u>	<u>Timely</u>
M42-750F Transportation Approval	Approval - To approve transportation payments. Usually, this is the first transportation NOA a client gets when he/she starts a new activity.	No
M42-750H Transportation Denial	Denial - To deny a request for transportation payments.	No
M42-750G Transportation Change	Change (increase) - To increase the maximum payment level.	No
M42-750G Transportation Change	Change (decrease) - To decrease the maximum payment level.	Yes
M42-750E Child Care & Transportation Discontinuance	Discontinuance (termination) - To stop child care and/or transportation payments because client is ineligible for supportive services, deregistered or deferred from GAIN.	Yes

Ancillary Expenses NOAs

NOA Number and Title

Action

Timely

MA42-750J

Ancillary Expenses
Approval

Approval - To approve all or a portion of a request for ancillary expenses; includes listing of items not approved.

No

M42-750K

Ancillary Expenses
Denial

Denial - To deny entire request for ancillary expenses; no items approved.

No

OTHER NOA'S

Action

Timely

M42-750O

Extension of Child
Care and/or
Transportation

Extension - To extend approved child care and/or transportation when an approved GAIN activity (such as ABE) is extended.

No

M42-750L

Payment Adjustment

Payment adjustment - To reconcile supportive services claims with actual expenditures. The approved maximum remains the same. Also to notify participants about reconciled payments made to temporary providers of care for sick children, whenever the amount paid is less than the amount claimed, and to notify participants about temporary changes in the method of payment for supportive services.

No, issue at the same time as the payment

**SUPPORTIVE SERVICES NOAs
NOA MESSAGES**

Counties must use the language contained in the NOA message documents enclosed. NOA message documents are not ready for use in this format. The message must be copied or transcribed from these documents into the appropriate NA form (see enclosure IV) and then be completed with client-specific information.

The headings and "INSTRUCTIONS" portions of these NOA message documents contain information for SDSS and county use. Heading and instructional language for SDSS and counties must not be printed on NOAs to clients.

SUPPORTIVE SERVICES NOA MESSAGES

	<u>TITLE</u>	<u>NUMBER</u>
1.	Child Care Approval	M42-750B
2.	Child Care Change	M42-750C
3.	Child Care Denial	M42-750D
4.	Child Care and Transportation Discontinuance	M42-750E
5.	Transportation Approval	M42-750F
6.	Transportation Change	M42-750G
7.	Transportation Denial	M42-750H
8.	Ancillary Expenses Approval	M42-750J
9.	Ancillary Expenses Denial	M42-750K
10.	Payment Adjustment	M42-750L
11.	Extension of Child Care and/or Transportation	M42-750O

State of California
Department of Social Services

Manual msg. No.: M42-750B
Action: Approve
Reason: Supportive Services
Title: Child Care Approval
Form No. :
Effective Date : 10/01/90
Revision Date : 7/01/92
Regulation Cite: 42-750.1, 42-750.2, 42-750.3, 42-750.6

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.2, 42-750.3, 42-750.6

MESSAGE:

As of _____ until _____:

The County has approved your GAIN child care. The most we will pay is
\$ _____ per _____.

The county will only pay child care for days you are attending your
approved GAIN activity: _____.

Your child care payment limit is figured on this notice.

Child(ren): _____

\$ _____ rate
x _____ []hours []days []weeks []month
= \$ _____ per _____

Provider name: _____.

The rate is what your child care provider charges or the most we can pay
based on your area's child care costs, whichever is less.

Child care payments will be: []Paid to your provider []Paid back to you
[]Advanced to you []Other:

[] Because your GAIN activity is less than 30 days, you will not get
another notice telling you when your payments end.

YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN
EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

INSTRUCTIONS:

Use to approve child care payments.

The authorization date is the date the activity begins; fill in this date and the end date.

Include the maximum payment amount and time period (per hour, day, week, month).

Fill in the participant's required GAIN activity in the blank space after "...your approved GAIN activity: _____."

Complete applicable computation(s) and repeat the computation if different rates are being provided. The county may use an alternate calculation when the standard computation does not explain how the payment limit was figured.

Check the appropriate box for child care payment method (Paid to your provider). If a two-party check is used, check the applicable box as well as the "other" box; in the "other" box, specify that it is a two-party check.

When the activity will be less than 30 days check the last box.

The county may replace the word "US" with a worker's name and phone number in the sentence which starts with "YOU MUST TELL US BEFORE...".

Complete all other applicable information.

State of California
Department of Social Services

Manual Msg. No.: M42-750C
Action: Change
Reason: Supportive Services
Title: Child Care Change
Form No. :
Effective Date : 10/01/90
Revision Date : 7/01/92
Regulation Cite: 42-750.1, 42-750.2, 42-750.3, 42-750.6

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.2, 42-750.3, 42-750.6

MESSAGE:

As of _____ until _____:

- ☐ The County has changed the payment limit for your GAIN child care from \$_____ per _____ to \$_____ per _____.
- ☐ The County has changed your payment method from _____ to _____.
- ☐ Your child care provider has changed. Your child care at _____ has been paid through _____. Payment for _____ starts after that date.

The county will only pay child care for days you are attending your approved GAIN activity:_____.

Here's why:

- ☐ Your child care rate changed.
- ☐ Your child care hours changed.
- ☐ Your child _____ is now 13 years old (which is over the age we can pay for) and is not disabled or under court supervision.
- ☐ You asked for this change.
- ☐ Other:

Your new child care payment limit is figured on this notice.

Child(ren): _____
Child care for children not listed here stays the same.

\$ _____ rate
x _____ []hours []days []weeks []month
= \$ _____ per _____

Provider name: _____.

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.

[] Because your GAIN activity is less than 30 days, you will not get another notice telling you when your payments end.

YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

You can also call your GAIN worker if you think this notice is wrong.

INSTRUCTIONS:

Use to change child care payment maximums or payment method to the currently approved child care provider or to approve child care payments when the client requests a new provider and the new provider meets regulatory approved criteria or to remove a child from payment (if only child is being removed, use M42-750E).

When the change is an increase, the authorization date is the date the change was approved. Enter that date on the "as of _____" line and include the end date.

When the change is a decrease, the authorization date must allow for the ten-day timely notice period. Enter that effective date on the "as of _____" line and include the end date. This NOA must be timely.

Fill in the participant's required GAIN activity in the blank space after "...your approved GAIN activity: _____."

Check the first box when this is a change in the maximum; include the payment amount and time period (per hour, day, week, or month).

Check the second box, if applicable, when there is a change in the method of payment, e.g., vendor payments instead of advance payments directly to the client.

Check the third box, if applicable, when there is a change in providers. Under "Here's why," check the appropriate reason box. When you check the third box, fill in the name of the 13-year-old child. When you check the "other" box, specify the reason for the action.

Complete a separate computation for every child who had a change in child care. The county does not have to complete a calculation for payments that are not changing.

Repeat the computation if different rates are being provided. The county may use an alternate calculation when the standard computation does not explain how the payment limit was figured.

When the activity will be less than 30 days check the ninth box.

The county may replace the word "US" with a worker's name and phone number in the sentence which starts with "YOU MUST TELL US BEFORE...".

Complete all other applicable information.

State of California
Department of Social Services

Manual Msg. .: M42-750D
Action : Deny
Reason: Supportive Services
Title: Child Care Denial
Form No. :
Effective Date : 10/01/90
Revision Date : 7/01/92

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.2, 42-750.3

MESSAGE:

As of _____:

☐ Payment for your child care with _____ is denied.

☐ Your request to raise your child care payment limit is denied.

Here's why:

☐ You are not in an approved GAIN activity.

☐ You are already getting the most the County can pay based on your area's child care costs.

☐ The GAIN child care you asked for is not needed to attend your approved GAIN activity: _____

☐ Your child _____ is not in your AFDC assistance unit and is not receiving federal foster care, or SSI/SSP payments.

☐ Your child _____ is 13 or more years old, which is over the age we can pay for.

☐ The child care provider you wanted must have a license but does not have one.

☐ The child care provider is not 18 years of age or older.

☐ The child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.

☐ You have not provided us records that show your aided child _____, has a physical or mental condition that requires special care.

☐ Your aided child _____, is not under court supervision for a behavior or legal problem.

☐ Other:

You can also call your GAIN worker if you think this notice is wrong.

INSTRUCTIONS:

Use to deny child care payments. Enter the date the determination was made. Enter the name of the child care provider for whom payment is denied on the "Payment for your child care with _____" line. Check all appropriate boxes and complete all other applicable information. When checking the "other" box, specify the reason for the action.

State of California
Department of Social Services

Manual Msg. No.: M42-750E
Action : Disc.
Reason: Supportive Services
Title: Child Care and
Transportation Discontinuance
Form No. :
Effective Date : 10/01/90
Revision Date : 7/01/92

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.2, 42-750.3, 42-750.4

MESSAGE:

As of _____:

☐ Payment for your GAIN child care will stop.

☐ Payment for your transportation will stop.

Here's why:

☐ You are no longer attending an approved GAIN activity.

☐ You moved out of this County.

☐ You went off cash aid.

☐ You got a job.

☐ Your child _____ is 13 or more years old, which is over the age we can pay for.

☐ Your child _____ is no longer in the AFDC assistance unit.

☐ Your child(ren) no longer need(s) child care.

☐ Your child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.

☐ Other:

You can also call your GAIN worker if you think this notice is wrong.

INSTRUCTIONS:

Use to discontinue child care and/or transportation payments. Enter the effective date of the action. Check the appropriate box and complete all other applicable information. When checking the "other" box specify the reason for the action. This NOA must be sent timely.

State of California
Department of Social Services

Manual 1 . No.: M42-750F
Action : Approve
Reason: Supportive Services
Title: Transportation
Approval
Form No. :
Effective Date : 10/01/90
Revision Date : 7/01/92

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.4, 42-750.6

MESSAGE:

As of _____ until _____:

☐ The County has approved your transportation. The most we can pay is \$ _____ for a total of _____ miles per _____.

☐ The County has approved \$ _____ per _____ based on public transportation rates.

☐ The County has approved bus passes or tickets for a total of _____ per _____.

☐ The County will provide you with GAIN transportation.

The County will only pay for transportation while you are attending your approved GAIN activity: _____

Your transportation payment limit is figured on this notice:

☐ public transportation

_____ rate
x _____ per _____
= \$ _____

☐ your car's mileage

_____ rate
x _____ per _____
x _____ miles
= \$ _____

Mileage can be paid only if there is no public transportation available, or it costs the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your GAIN activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

☐ parking

\$_____ ☐month ☐school term ☐other

Your transportation payments will be: ☐Advanced to you ☐Paid back to you ☐Paid to your transportation provider ☐Other:

YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.

☐ Because your GAIN activity is less than 30 days, you will not get another notice telling you when your payments end.

You can also call your GAIN worker if you think this notice is wrong.

INSTRUCTIONS:

Use to approve transportation payments or services.

The authorization date is the date the activity begins; fill in this date and the end date.

Check the first box, if applicable, and complete the total transportation amount and the corresponding number of miles and time period (days, weeks, month).

Check the second box, if applicable, and complete the amount and applicable time period (days, weeks, month).

Check the third box, if applicable, and fill in the number of bus passes or tickets per time period (days, weeks, month).

Check the fourth box when the county GAIN program provides transportation such as GAIN vans for participants.

Fill in the participants' required GAIN activity in the blank space after "your approved GAIN activity: _____."

Complete all applicable computation(s) and repeat the computation if different rates are being provided. The county may use an alternate calculation when the standard computation does not explain how the payment limit was figured.

Check the appropriate box for the transportation payment method (Advanced to you, etc.). If a two-party check is used, check the applicable box as well as the "other" box; in the "other" box, specify that it is a two-party check.

The county may replace the word "US" with a worker's name and phone number in the sentence which starts with "YOU MUST TELL US BEFORE...".

Check the last box, if applicalbe, when the activity will be less than 30 days.

Complete all other applicable information.

State of California
Department of Social Services

Manual Msg. No.: M42-750G
Action : Change
Reason: Supportive Services
Title: Transportation
Change

Auto ID No. :
Flow Chart No. :
Source : GAIN

Form No. :
Effective Date : 10/01/90
Revision Date : 7/01/92

Regulation Cite: 42-750.1, 42-750.4, 42-750.6

MESSAGE:

As of _____ until _____:

☐ The County has changed your transportation payment limit from
\$ _____ to \$ _____ for a total of _____ miles per _____.

☐ The County has changed your payment limit from \$ _____ to \$ _____
per _____ based on public transportation rates.

☐ The County has changed your bus tickets from _____ to _____ per
_____.

☐ The County has changed your payment method from _____
to _____.

The County will only pay transportation while you are attending your
approved GAIN activity: _____.

Here's why:

☐ Your mileage rate changed.

☐ Your mileage changed.

☐ The public transportation rate changed.

☐ Public transportation is available which takes less than one
hour to get you to your approved GAIN activity on time.

☐ Other:

Your transportation payment limit is figured on this notice:

☐ public transportation

x _____ rate
_____ per _____
= \$ _____

☐ your car's mileage

x _____ days
 x _____ per _____
 x _____ miles
 = _____

Mileage can be paid only if there is no public transportation available, or it cost the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your GAIN activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

☐ parking

\$ _____ ☐month ☐school term ☐other

Your transportation payments will be: ☐Advanced to you ☐Paid back to you ☐Paid to your transportation provider ☐Other:

☐ Because your GAIN activity is less than 30 days, you will not get another notice telling you when your payments end.

YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.

You can also call your GAIN worker if you think this notice is wrong.

INSTRUCTIONS:

Use to change transportation payment maximums, number of bus tickets, or payment method, or change in method of transportation; e.g., from bus passes to GAIN transportation.

When the change is an increase, the authorization date is the date the change was approved. Enter that date on the "as of _____" line and include the end date.

When the change is a decrease, the authorization date must allow for the ten-day timely notice period. Enter that effective date on the "as of _____" line and include the end date. This NOA must be timely.

Check the first box, if applicable, and fill in amounts, total number of miles, and corresponding time period (days, weeks, month).

Check the second box, if applicable, and fill in amounts and time period (days, weeks, month).

Check the third box, if applicable, and fill in number of bus passes or tickets changed.

Check the fourth box, if applicable, when there is a method of payment change and fill in changes, e.g., change from public transportation rate to actual bus tickets; change from public transportation to mileage reimbursement at public transportation rate.

Fill in the participant's required GAIN activity in the blank space after "your approved GAIN activity: _____."

Under "Here's Why" check the appropriate reason box. When checking the "other" box, specify the reason for the action. Use the "other" box to explain why the county changed its county GAIN transportation.

Complete applicable computation(s) and repeat the computation if different rates are being provided. The county may use alternate calculation when the standard computation does not explain how the payment limit was figured.

Check the appropriate box for the transportation payment method (Advanced to you, etc.). If a two-party check is used, check the applicable box as well as the "other" box; in the "other" box, specify that it is a two-party check.

Check the last box, if applicable, when the activity will be less than 30 days.

The county may replace the word "US" with a worker's name and phone number in the sentence which starts with "YOU MUST TELL US BEFORE...".

Complete all other applicable information.

State of California
Department of Social Services

Manual Msg. No.: M42-750H
Action : Deny
Reason: Supportive Services
Title: Transportation Denial
Form No. :
Effective Date : 10/01/90
Revision Date : 7/01/92

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.4

MESSAGE:

As of _____:

The GAIN transportation: ☐ payment ☐ increase you asked for is denied.

Here's why:

☐ You are already getting as much as the County can pay because:

- ☐ the maximum mileage rate is: \$ _____ per _____.
- ☐ public transportation is available.
- ☐ GAIN transportation is available.

☐ You are not in an approved GAIN activity.

☐ The transportation you asked for is not needed to attend your approved GAIN activity: _____.

☐ Other:

You can also call your GAIN worker if you think this notice is wrong.

INSTRUCTIONS:

Use to deny transportation payments or requests for increases. Enter the date the determination was made. Check the appropriate box and complete all other applicable information. When checking the "other" box specify the reason for the action.

State of California
Department of Social Services

Manual Msg. No.: M42-750J
Action : Approve
Reason: Supportive Services
Title: Ancillary Expenses
Approval

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1 42-750.5, 42-750.6

Form No. :
Effective Date : 10/01/90
Revision Date : 7/01/92

MESSAGE:

As of _____, the County has approved your request for payment of the following items needed for your approved GAIN activity or to get a job:

Item	Cost	Item	Cost
_____	\$ _____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	\$ _____

Your payments will be: ☐Advanced to you ☐Paid back to you ☐Paid to the store ☐Paid to the school ☐Other:

☐ The following items you asked for were not approved for payment:

Item	Item
_____	_____
_____	_____

Here's why:

☐ The cost is not necessary because: _____

☐ You do not need _____ for your GAIN activity or to get a job because: _____

☐ We cannot pay for items needed for your Self-Initiated Program.

☐ Other:

You can also call your GAIN worker if you think this notice is wrong.

INSTRUCTIONS:

Use to approve ancillary payments and to include any items which were not approved.

Enter the authorization date, items approved, and amounts.

Check the method of payment (Advanced to you, etc.).

Check the next box, if applicable, if there are also items to be denied and complete applicable information and amounts.

In the "Here's why" section, check the first box when the item can be purchased for less and specify what is the alternative item and cost. Check the second box if the item requested is not needed for the activity or to get a job, and specify the reason the item is not necessary. Check the third box when items are not approved for a Self-Initiated program. When checking the "other" box specify the reason for the action.

State of California
Department of Social Services

Manual Msg. No.: M42-750K
Action : Deny
Reason: Supportive Services
Title: Ancillary Expenses
Denial
Form No. :
Effective Date : 10/01/90
Revision Date : 7/01/92

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.5

MESSAGE:

As of _____, the County has denied your request for payment of the following items for your approved GAIN activity or to get a job:

Item	Item
_____	_____
_____	_____
_____	_____

Here's why:

- ☐ You are not in an approved GAIN activity.
- ☐ The cost is not necessary because: _____
- ☐ You do not need these items for your GAIN activity or to get a job because: _____
- ☐ We cannot pay for items needed for your Self-Initiated Program.
- ☐ Other:

You can also call your GAIN worker if you think this notice is wrong.

INSTRUCTIONS:

Use to deny a request for ancillary payments.

Enter the date the determination was made and items denied.

In the "Here's why" section, check the first box when the client is not in an approved GAIN activity, excluding SIPs. Check the second box when the item can be purchased for less and specify what the alternative item and cost is. Check the third box if the item requested is not needed for the activity or to get a job, and specify the reason the item is not necessary.

Check the fourth box to deny ancillary expenses for approved Self-Initiated Program (SIP). If a person in a SIP participates concurrently in an approved non-SIP GAIN activity, you can approve supportive services, including ancillary expenses, for the non-SIP GAIN activity. If you approve such ancillary expenses, you should use the M42-750J. When checking the "other" box, specify the reason for the action.

State of California
Department of Social Services

Manual I. g. No.: M42-750L
Action : Other
Reason: Supportive Services
Title: Payment Adjustment
Form No. :
Effective Date : 10/01/90
Revision Date : 7/01/92
Regulation Cite: 42-750.1, 42-750.2, 42-750.3, 42-750.4, 42-750.6,

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.2, 42-750.3, 42-750.4, 42-750.6,
Windley v McMahon

MESSAGE:

Your payment for: ☐child care ☐transportation
for _____ is \$ _____. This amount is less than what you
asked for.

Here's why:

☐ You did not attend your GAIN approved activity on all
the ☐days ☐hours you asked for GAIN payments.

☐ You asked for payment for _____ child care hours, but we can only pay
for _____ child care hours because: _____

☐ You asked for _____ miles, but we can only pay for _____ miles
because: _____

☐ Other:

CHILD CARE:

Your child care payment is figured on this notice.
Child care for children not listed here stays the same.

Child(ren): _____

\$ _____ rate
x _____ ☐hours ☐days ☐weeks ☐month
= \$ _____ per _____

TRANSPORTATION:

Your transportation payment is figured on this notice.

☐ public transportation

_____ rate
x _____ per _____
= \$ _____

☐ your car's mileage

_____ rate
 x _____ per _____
 = _____

Mileage can be paid only if there is no public transportation available, or it cost the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your GAIN activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

☐ parking

\$ _____ ☐month ☐school term ☐other

You can also call your GAIN worker if your think this notice is wrong.

INSTRUCTIONS:

Use to notify participants when the amount paid for regular, approved child care and/or transportation is less than the amount claimed, but within the authorized maximum. Use the "other" box to notify participants when payments made to temporary providers are less than the amount claimed. When checking the "other" box, specify the reason for the action. This NOA is sent at the same time as the payment.

The county may use separate NOAs for child care and transportation.

Check the first box if the amount paid to the regular provider is less than the amount claimed, but within the authorized maximum. Fill in the month of the action; include the payment amount. Check this box if amounts paid for temporary child care are less than amounts claimed, regardless of the authorized maximum for the regular provider. Even if the temporary provider charges more than the approved maximum, this is not considered a request for an increase because no change in payments or providers has been requested. "Temporary" means one calendar month or less. If regular services do not resume within one calendar month, change NOAs to approve new services must be issued.

In the CHILD CARE section:

Complete all applicable computation(s) and repeat the computation if different rates are being provided. The county may use alternate calculation when the standard computation does not explain how the payment limit was figured.

In the TRANSPORTATION section:

Check the appropriate box for the method of transportation (public, mileage, etc.) and complete all applicable computation(s) and repeat the computation if different rates are being provided. The county may use alternate calculation when the standard computation does not explain how the payment limit was figured.

Complete all other applicable information.

State of California
Department of Social Services

Manual Msg. No.: M42-7500
Action : Approve
Reason: Supportive Services
Title: Extension of
Child Care and/or
Transportation

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-750.1, 42-750.2, 42-750.3, 42-750.4

Form No. :
Effective Date : 10/01/90
Revision Date : 7/01/92

MESSAGE:

☐ Your child care has been extended until _____.

☐ Your transportation has been extended until _____.

Nothing about your approved supportive services has changed except the date your payment ends.

☐ Because the extension is less than 30 days, this is the only notice you will get telling you about the extension.

HERE'S WHY:

☐ Your approved GAIN activity _____ is continuing.

☐ We are paying for your child care space so that it will be there when your next approved GAIN activity starts.

☐ Other:

INSTRUCTIONS:

When an approved GAIN activity (such as ABE) is continuing, use this NOA to extend child care and/or transportation services when the arrangements are exactly the same as those specified in the most recent NOA(s).

Use this NOA to extend previously approved child care payments when:
(1) the participant's next activity will begin within thirty days after the previous activity ends; and (2) the participant wants to reserve the previously approved child care slot so he/she can use the same provider when the new activity begins. Use the M42-750L (Payment Adjustment) NOA for any necessary billing adjustments when you receive a claim for the extension period. When the participant's activity begins, use the

M42-750C (Child Care Change) to make any payment adjustments that may be needed because the new component requires more or fewer hours of child care, etc. If the participant decides to use a different provider, you will use the M42-750C (Child Care Change) to approve new child care payments.

Check the first box to extend approved child care. Check the second box to extend approved transportation. Fill in the date(s).

Check the third box when the activity will be less than 30 days.

Under "Here's Why," check the appropriate box, and complete with the name of the approved activity or other reason for the extension.

**SUPPORTIVE SERVICES NOAs
NOA FORMAT**

Counties must use the enclosed camera ready copies of the NOA forms and/or print or type the information contained in the enclosed NOA forms for all GAIN Supportive Services NOAs.

There are three basic "blank" GAIN NOA forms. In addition, there is a standardized back, the GAIN 50, which is required on the backs of all Page 1 NOAs. The basic "blank" GAIN NOA forms are:

- o NA 801, Blank manual first page form
- o NA 802, Blank automated form for first and subsequent pages
- o NA 803, Blank manual continuation page form

Continuation pages function differently from Page 1 NOA forms. Continuation pages are blank on the back and cannot stand alone. Whereas Page 1 NOA forms must have a GAIN 50 back, continuation page backs are left blank. A continuation page cannot be sent to a client unless it is attached to a Page 1 NOA form.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case : _____
Name : _____
Number : _____
Worker : _____
Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

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State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

Rules: These rules apply. You may review them at your welfare office:

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date :
Case :
Name :
Number :
Worker :
Name :
Number :
Telephone :
Address :

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

NOTICE OF ACTION

(Continued)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case _____
Name _____
Number _____

Rules: These rules apply; you may review them at your welfare office.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of page 1 tells you how.

**SUPPORTIVE SERVICES NOAs
YOUR GAIN HEARING RIGHTS FORM**

The GAIN 50, Your GAIN Hearing Rights form must be preprinted to the back of all Page 1 NOAs or attached to the NOAs. The county must insert the name, address and phone number of their local legal aid or welfare rights office, or the California Coalition of Welfare Rights Organizations' (CCWRO) "800" number (1-800-729-2909) if no legal aid or welfare rights office is available locally in the blank space provided on the left side of the Hearing Rights form.

YOUR GAIN HEARING RIGHTS

- You have the right to ask for a hearing if you disagree with any County decision regarding your status (standing) in GAIN, your GAIN activity, or your GAIN supportive services.
- Asking for a GAIN hearing will not affect your AFDC cash aid.
- You only have 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you a notice.

WHILE YOU WAIT FOR A HEARING DECISION

If you disagree with the County's decision about your GAIN status or your GAIN activity:

- You do not have to participate in GAIN.
- You cannot come into the GAIN program if we have told you we cannot serve you.
- You can keep going to an unapproved self-initiated program, but we will not pay you any GAIN supportive services or give you any other GAIN services.
- You can keep going or start going to an activity different from the one we referred you to if the activity is open to non-GAIN participants, but we will not pay you any GAIN supportive services or give you any other GAIN services.
- You cannot keep going or start going to an activity different from the one we referred you to if the activity is open to GAIN participants only.

To get any GAIN supportive services payments, you must go to the GAIN activity the County has asked you to go to.

If you disagree with the County's decision about your supportive services payments, and you attend your approved GAIN activity, the County will pay supportive services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will be made in a different form, you will be paid in the different form.
- If we have told you your payments will stop; you will not get any more payments, even if you go to your activity.
- If we have denied payments before the hearing, you will not get the requested payments.

If the amount of supportive services the County pays while you wait for a hearing decision is not enough, you can stop going to your GAIN activity.

You may get free legal help at your local legal aid office or welfare rights group, or from the CCWRO.

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department

of _____ County about my

☐ GAIN Status ☐ GAIN Activity ☐ GAIN Supportive Services

☐ Other (list) _____

Here's why:

I will bring this person to the hearing to help me
(name and address, if known):

I need an interpreter at no cost
to me. My language or dialect is: _____

My name: _____
(Print)

Address: _____

My signature: _____

Phone: _____ Date: _____

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

**SUPPORTIVE SERVICE NOAs
CAMERA-READY NOA MESSAGES**

Counties can issue clients completed photocopies of the camera-ready masters enclosed. Also note that all NOAs must be mailed or given to clients in duplicate. In addition, there is a standardized back, the GAIN 50 (Your GAIN Hearing Rights) which is required on the backs of all Page 1 NOAs. Refer to Enclosure III for specific instructions for completing these NOAs.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

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State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____ until _____:

The County has approved your GAIN child care. The most we will pay is \$ _____ per _____.

The county will only pay child care for days you are attending your approved GAIN activity: _____.

Your child care payment limit is figured on this notice.

Child care payment will be : ☐ Paid to your provider ☐ Paid back to you ☐ Advanced to you ☐ Other:

☐ Because your GAIN activity is less than 30 days, you will not get another notice telling you when your payments end.

YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

Child(ren): _____
Child care for children not listed here stays the same.

\$ _____ rate

X _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____.

Child(ren): _____
Child care for children not listed here stays the same.

\$ _____ rate

X _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____.

Child(ren): _____
Child care for children not listed here stays the same.

\$ _____ rate

X _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____.

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.6.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____ until _____:

- ☐ The County has changed the payment limit for your GAIN child care from \$ _____ per _____ to \$ _____ per _____.
- ☐ The County has changed your payment method from _____ to _____.
- ☐ Your child care provider has changed. Your child care at _____ has been paid through _____.
Payment for _____ starts after that date.

The county will only pay child care for days you are attending your approved GAIN activity: _____.

Here's why:

- ☐ Your child care rate changed.
- ☐ Your child care hours changed.
- ☐ Your child _____ is now 13 years old (which is over the age we can pay for) and is not disabled or under court supervision.
- ☐ You asked for this change.
- ☐ Other:

Your new child care payment limit is figured on this notice.

- ☐ Because your GAIN activity is less than 30 days, you will not get another notice telling you when your payments end.

YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.

You can also call your GAIN worker if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.6.

Child(ren): _____
Child care for children not listed here stays the same.

\$ _____ rate

X _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____

Child(ren): _____
Child care for children not listed here stays the same.

\$ _____ rate

X _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____

Child(ren): _____
Child care for children not listed here stays the same.

\$ _____ rate

X _____ ☐ hours ☐ days ☐ weeks ☐ month

= \$ _____ per _____

Provider name: _____

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____:

- ☐ Payment for your child care with _____ is denied.
- ☐ Your request to raise your child care payment limit is denied.

Here's why:

- ☐ You are not in an approved GAIN activity.
- ☐ You are already getting the most the County can pay based on your area's child care costs.
- ☐ The GAIN child care you asked for is not needed to attend your approved GAIN activity: _____.
- ☐ Your child _____ is not in your AFDC assistance unit and is not receiving federal foster care, or SSI/SSP payments.
- ☐ Your child _____ is 13 or more years old, which is over the age we can pay for.
- ☐ The child care provider you wanted must have a license but does not have one.
- ☐ The child care provider is not 18 years of age or older.
- ☐ The child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.
- ☐ You have not provided us records that show your aided child _____, has a physical or mental condition that requires special care.
- ☐ Your aided child _____, is not under court supervision for a behavior or legal problem.

☐ Other:

You can also call your GAIN worker if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____:

- ☐ Payment for your GAIN child care will stop.
- ☐ Payment for your transportation will stop.

Here's why:

- ☐ You are no longer attending an approved GAIN activity.
- ☐ You moved out of this County.
- ☐ You went off cash aid.
- ☐ You got a job.
- ☐ Your child _____ is 13 or more years old, which is over the age we can pay for.
- ☐ Your child _____ is no longer in the AFDC assistance unit.
- ☐ Your child(ren) no longer need(s) child care.
- ☐ Your child care provider is your child's parent, legal guardian, or a member of your AFDC assistance unit.
- ☐ Other:

You can also call your GAIN worker if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.4.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____ until _____:

- ☐ The County has approved your transportation. The most we can pay is \$ _____ for a total of _____ miles per _____.
- ☐ The County has approved \$ _____ per _____ based on public transportation rates.
- ☐ The County has approved bus passes or tickets for a total of _____ per _____.
- ☐ The County will provide you with GAIN transportation.
The County will only pay for transportation while you are attending your approved GAIN activity: _____.

Your transportation payment limit is figured on this notice.

Mileage can be paid only if there is no public transportation available, or it cost the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your GAIN activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

Your transportation payments will be : ☐ Advanced to you

☐ Paid back to you ☐ Paid to your transportation provider

☐ Other:

YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.

- ☐ Because your GAIN activity is less than 30 days, you will not get another notice telling you when your payments end.

You can also call your GAIN worker if you think this notice is wrong.

☐ public transportation

X _____ rate
= \$ _____ per _____

☐ your car's mileage

X _____ rate
X _____ per _____
= \$ _____ miles

☐ parking

\$ _____ ☐ month ☐ school term ☐ other

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.4, 42-750.6.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____ until _____:

- ☐ The County has changed your transportation limit from \$ _____ to \$ _____ for a total of _____ miles per _____.
- ☐ The County has changed your payment limit from \$ _____ to \$ _____ per _____ based on public transportation rates.
- ☐ The County has changed your bus tickets from _____ to _____ per _____.
- The County has changed your payment method from _____ to _____.

Here's why:

- ☐ Your mileage rate changed.
- ☐ Your mileage changed.
- ☐ The public transportation rate changed.
- ☐ Public transportation is available which takes less than one hour to get you to your approved GAIN activity on time.
- ☐ Other:

Your transportation payment limit is figured on this notice:

Mileage can be paid only if there is no public transportation available, or it cost the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your GAIN activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

Your transportation payments will be: ☐ Advanced to you ☐ Paid back to you ☐ Paid to your transportation provider ☐ Other:

YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.

- ☐ Because your GAIN activity is less than 30 days, you will not get another notice telling you when your payments end.

You can also call your GAIN worker if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.4, 42-750.6.

- ☐ public transportation

X _____ rate
_____ per _____
= \$ _____

- ☐ your car's mileage

X _____ rate
_____ per _____
X _____ miles
= \$ _____

- ☐ parking

\$ _____ ☐ month ☐ school term ☐ other

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

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State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____:

The GAIN transportation: ☐ payment ☐ increase
you asked for is denied.

Here's why:

- ☐ You are already getting as much as the County can pay because:
 - ☐ the maximum mileage rate is: \$ _____
per _____.
 - ☐ public transportation is available.
 - ☐ GAIN transportation is available.
- ☐ You are not in an approved GAIN activity.
- ☐ The transportation you asked for is not needed to attend your approved GAIN activity: _____.
- ☐ Other:

You can also call your GAIN worker if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.4.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

As of _____, the County has approved your request for payment of the following items needed for your approved GAIN activity or to get a job:

Item	Cost	Item	Cost
_____	\$ _____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	\$ _____

Your payments will be: ☐ Advanced to you ☐ Paid back to you
☐ Paid to the store ☐ Paid to the school ☐ Other:

☐ The following items you asked for were not approved for payment:

Item	Item
_____	_____
_____	_____

Here's why:

- ☐ The cost is not necessary because: _____
- ☐ You do not need _____ for your GAIN activity or to get a job because: _____
- ☐ We cannot pay for items needed for your Self-Initiated Program.
- ☐ Other:

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.5, 42-750.6.

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

(ADDRESSEE)

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

Item

M42-750 K (7/92)

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

Your payment for: ☐ child care ☐ transportation for _____ is \$ _____. This amount is less than what you asked for.

Here's why:

- ☐ You did not attend your GAIN approved activity on all the _____
☐ days ☐ hours you asked for GAIN payments.
- ☐ You asked for payment for _____ child care hours, but we can only pay for _____ child care hours because: _____

- ☐ You asked for _____ miles, but we can only pay for _____ miles because: _____

- ☐ Other: _____

Your ☐ child care payment ☐ transportation payment is figured on this notice:

Mileage can be paid only if there is no public transportation available, or it cost the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your GAIN activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

You can also call your GAIN worker if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.4, 42-750.6

Child(ren): _____
Child care for children not listed here stays the same.
\$ _____ rate
X _____ ☐ hours ☐ days ☐ weeks ☐ month
= \$ _____ per _____

Child(ren): _____
Child care for children not listed here stays the same.
\$ _____ rate
X _____ ☐ hours ☐ days ☐ weeks ☐ month
= \$ _____ per _____

Child(ren): _____
Child care for children not listed here stays the same.
\$ _____ rate
X _____ ☐ hours ☐ days ☐ weeks ☐ month
= \$ _____ per _____

TRANSPORTATION:

☐ public transportation

X _____ rate
_____ per _____
= \$ _____

☐ your car's mileage

X _____ rate
_____ per _____
X _____ miles
= \$ _____

☐ parking

\$ _____ ☐ month ☐ school term ☐ other

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

- ☐ Your child care has been extended until _____.
- ☐ Your transportation has been extended until _____.

Nothing about your approved supportive services has changed except the date your payment ends.

- ☐ Because the extension is less than 30 days, this is the only notice you will get telling you about the extension.

Here's why:

- ☐ Your approved GAIN activity _____ is continuing.
- ☐ We are paying for your child care space so that it will be there when your next approved GAIN activity starts.
- ☐ Other:

Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.4.